

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.

Completely fill in one circle.

Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS

before submitting or form will be returned.

I Reporting Information

Year: 2013

Fill in circle if amendment ☐

Report Period: ☒ January/June ☐ July/December

Type of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both

Client Filing Fee Check Number:

FOR OFFICE USE ONLY

Cjn

IV D: 285

JUL 15 2013

Client Name: Housing Assn., Inc. (NY)

131900

CV# 91083 50-

II Client Information

Name: New York Housing Association, Inc.

Permanent Business Address: 634 Watervliet Shaker Road

City: Latham

State: NY

ZIP code: 12110

Business Phone: 518-867-3242

Fax Number: 518-867-3245

Third Party Beneficiary (see instructions): None

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A Type of Lobbyist: ☒ Retained ☐ Employed ☐ Designated

Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: Greenberg Traurig, LLP

Phone Number: 518-689-1400

Address: 54 State Street, 6th Floor

City: Albany

State: NY

ZIP code: 12207

Compensation for current period: \$37,500 .00

B Type of Lobbyist: ☐ Retained ☒ Employed ☐ Designated

Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: Nancy P. Geer

Phone Number: 518-867-3242

Address: 634 Watervliet Shaker Road

City: Latham

State: NY

ZIP code: 12110

Compensation for current period: \$1,976 .00

C Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$.00

☐ Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$39,476 .00

Designated Addendum sheet for sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$.00

Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$.00

Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$.00

IV Other Expenses (Current Semi-Annual Period Only)

PAID TO: New York Housing Association DATE: 04 / 30 / 2013 ☐ Ad ☐ Social Event

PURPOSE: Informational Packets AMOUNT: \$285 .00 ☐ *Addendum attached

☐ PROCUREMENT ☒ NONPROCUREMENT

PAID TO: DATE: / / ☐ Ad ☐ Social Event

PURPOSE: AMOUNT: \$.00 ☐ *Addendum attached

☐ PROCUREMENT ☐ NONPROCUREMENT

PAID TO: DATE: / / ☐ Ad ☐ Social Event

PURPOSE: AMOUNT: \$.00 ☐ *Addendum attached

☐ PROCUREMENT ☐ NONPROCUREMENT

PAID TO: DATE: / / ☐ Ad ☐ Social Event

PURPOSE: AMOUNT: \$.00 ☐ *Addendum attached

☐ PROCUREMENT ☐ NONPROCUREMENT

PAID TO: DATE: / / ☐ Ad ☐ Social Event

PURPOSE: AMOUNT: \$.00 ☐ *Addendum attached

☐ PROCUREMENT ☐ NONPROCUREMENT

IV Other Expenses (Current Semi-Annual Period Only)

A Report in the aggregate all expenses less than or equal to \$75: \$.00

B Report in the aggregate all expenses for salaries of non-lobbying employees: \$.00

C Itemize each expense exceeding \$75:

PAID TO: DATE: / / ☐ Ad ☐ Social Event

PURPOSE: AMOUNT: \$.00 ☐ *Addendum attached

☐ PROCUREMENT ☐ NONPROCUREMENT

PAID TO: DATE: / / ☐ Ad ☐ Social Event

PURPOSE: AMOUNT: \$.00 ☐ *Addendum attached

☐ PROCUREMENT ☐ NONPROCUREMENT

☐ Continued on attached pages

* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.

D Total expenses for current period: \$.00 (if applicable, include all expenses from attached pages in total)

V Source of Funding Disclosure

Instructions: In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

Contribution(s) from Single Source #1

Single Source Entity's Name: Champion Home Builders

or
Single Source Person's Last Name: First Name:

Address: 755 W. Big Beaver Road

City: Troy State: MI ZIP code: 48084

Phone: 248-614-8265

Date Contribution Received: 01 / 09 / 2013 Amount of Contribution: \$ 325 .00

Date Contribution Received: 02 / 16 / 2013 Amount of Contribution: \$ 1,219 .00

Date Contribution Received: 03 / 12 / 2013 Amount of Contribution: \$ 650 .00

Date Contribution Received: 04 / 11 / 2013 Amount of Contribution: \$ 254 .00

Date Contribution Received: 04 / 11 / 2013 Amount of Contribution: \$ 32 .00

Check here if using section V(C) of the Addendum for additional Contributions: ☒

Contribution(s) Single Source #2

Single Source Entity's Name: Colony Factory Crafted Homes

or
Single Source Person's Last Name: First Name:

Address: 20510 Paint Blvd.

City: Shippenville State: PA ZIP code: 16254

Phone: 800-876-6870

Date Contribution Received: 01 / 18 / 2013 Amount of Contribution: \$ 569 .00

Date Contribution Received: 02 / 26 / 2013 Amount of Contribution: \$ 501 .00

Date Contribution Received: 03 / 21 / 2013 Amount of Contribution: \$ 169 .00

Date Contribution Received: 04 / 29 / 2013 Amount of Contribution: \$ 1437 .00

Date Contribution Received: 05 / 23 / 2013 Amount of Contribution: \$ 761 .00

Check here if using section V(C) of the Addendum for additional Contributions: ☒

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: The Commodore Corporation

or
Single Source Person's Last Name: First Name:

Address: P.O. Box 349

City: Clairon State: PA ZIP code: 16214

Phone: 814-226-9210

Date Contribution Received: 01 / 18 / 2013 Amount of Contribution: \$2113 .00

Date Contribution Received: 02 / 26 / 2013 Amount of Contribution: \$2028 .00

Date Contribution Received: 03 / 21 / 2013 Amount of Contribution: \$1859 .00

Date Contribution Received: 04 / 29 / 2013 Amount of Contribution: \$1183 .00

Date Contribution Received: 05 / 23 / 2013 Amount of Contribution: \$2197 .00

Check here if using section V(C) of the Addendum for additional Contributions: ☒

Contributions from Single Source # 4

Single Source Entity's Name: Marlette Homes, Inc.

or
Single Source Person's Last Name: First Name:

Address: P.O. Box 947

City: Lewistown State: PA ZIP code: 17044

Phone: 717-248-5171

Date Contribution Received: 01 / 09 / 2013 Amount of Contribution: \$ 1219 .00

Date Contribution Received: 01 / 09 / 2013 Amount of Contribution: \$ 244 .00

Date Contribution Received: 02 / 12 / 2013 Amount of Contribution: \$ 1463 .00

Date Contribution Received: 02 / 12 / 2013 Amount of Contribution: \$ 163 .00

Date Contribution Received: 03 / 12 / 2013 Amount of Contribution: \$ 882 .00

Check here if using section V(C) of the Addendum for additional Contributions: ☒

Contributions from Single Source #5

Single Source Entity's Name: Skyline Corporation

or
Single Source Person's Last Name: First Name:

Address: 2520 Bypass Road

City: Elkhart State: IN ZIP code: 46515

Phone: 574-294-6521

Date Contribution Received: 01 / 25 / 2013 Amount of Contribution: \$731 .00

Date Contribution Received: 02 / 26 / 2013 Amount of Contribution: \$406 .00

Date Contribution Received: 03 / 21 / 2013 Amount of Contribution: \$488 .00

Date Contribution Received: 04 / 29 / 2013 Amount of Contribution: \$325 .00

Date Contribution Received: 05 / 17 / 2013 Amount of Contribution: \$894 .00

Check here if using section V(C) of the Addendum for additional Contributions: ☒

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

Contributions from Single Source # 1

Or
Single Source (or Related or Affiliated) Person's Last Name: First Name:

ZIP code: 48084

Date Contribution Received: / / Amount of Contribution: \$.00

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

Contributions from Single Source # 2

or
Single Source (or Related or Affiliated) Person's Last Name: First Name:

Phone: 800-876-6870

[illegible]

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

Contributions from Single Source # 3

or Single Source (or Related or Affiliated)Person's Last Name: First Name:

Phone: 814-226-9210

[illegible]

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

Contributions from Single Source # 4

or
Single Source (or Related or Affiliated) Person's Last Name: First Name:

Phone: 717-248-5171

[illegible]

Designated Addendum sheet for section V(C)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

C Single Source Information for one Person or Entity for a single Contribution.

Contributions from Single Source # 5

Single Source(or Related or Affiliated) Entity's Name: Skyline Corporation

or
Single Source (or Related or Affiliated) Person's Last Name: First Name:

Address: 2520 Bypass Road

City: Elkhart

State: IN

ZIP code: 46575

Phone: 574-294-6521

Date Contribution Received: 06 / 20 / 2013 Amount of Contribution: \$ 650 .00

Date Contribution Received: 06 / 20 / 2013 Amount of Contribution: \$ 585 .00

Date Contribution Received: / / Amount of Contribution: \$.00

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Date Contribution Received: / / Amount of Contribution: \$.00

VI Subjects lobbied:

Issues related to the manufactured housing industry/modular housing industry

☐ Continued on attached pages

VII Person, State, Agency, Municipality or Legislative Body lobbied:

Assembly, Senate, Executive

☐ Continued on attached pages

VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

A1523, A3351, A4112, A4401, S82, S1059, S2905, S3520, S3524, S4072, A8081, S5860

☐ Continued on attached pages

VIII Title and Identifying Numbers of procurement contracts/documents lobbied:

None

☐ Continued on attached pages

IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

None

☐ Continued on attached pages

X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

None

☐ Continued on attached pages

XI Declaration

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) **(See instructions.)**

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE: 

PRINT NAME: LAST Geer

TITLE: Executive Director

DATE: *July 10, 2013*

FIRST Nancy P.

Mark One: ☒ Chief Administrative Officer ☐ Designee(Attach Letter)

The following MUST be attached to this report at the time of submission:

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.